

# Media Data Services, Inc

265 Route 46, Suite 206  
Totowa, NJ 07512

## New Client Set Up Information Form

Company:

Phone:

Fax:

Address:

Email:

NAIC Code/Industry:

Principal

Payroll Contact Name:

How does the payroll get "called in"? (email, fax, we call, they call, etc.)

Pay Frequency (Circle one):      Weekly      Bi-weekly      Semi-monthly      Monthly

First Pay Period Start Day with Media (Supply Day of Week & Calendar Date):

First Pay Period End Day with Media (Supply Day of Week & Calendar Date):

First Pay Check Date with Media: (Supply Day of Week & Calendar Date):

Delivery Method (Circle one):    Delivery Service in NJ    Delivery Service Out of State    US Mail    PickUp    Other

Do you want Direct Deposits (subject to fees; additional paperwork required)?

Do you want Electronic Check Signature (subject to fees)?

Do you want Checks stuffed/sealed in envelopes (subject to fees)?

Do you want On-Line Services (subject to fees)?

Do you want a QuickBooks Download of the payroll (subject to fees)?

Do you withhold taxes in Multiple States? Which ones?

Any Special Instructions?

Tax Deposit Frequency/Identification:

NJ State Frequency:

NJ ID#:

Federal Frequency:

Fed ID#:

Other items to provide:

- Proof of Federal and State tax registration for companies starting with Media in beginning of the year
- If payroll with Media Data Services begins mid-year – provide:
  - Quarterly packets/payroll registers from prior payroll company, which include totals per quarter for each employee, their QTD earnings, tax withholding, etc.
  - Copies of all quarterly reports from current year (official reports (941, 927, WR30, etc.)
  - Tax payment receipts for current year
- Copy of a company check to be used for payroll (including direct deposit), taxes and fees.
- Completed Start Up Forms (enclosed)

Company Name: \_\_\_\_\_ Media Client # \_\_\_\_\_

**MEDIA DATA SERVICES TAX FILING AGREEMENT FOR COMPANIES THAT COMMENCE SERVICE MID-QUARTER AND/OR MID-YEAR**

MEDIA DATA welcomes you as a payroll client who commences payroll tax filing through MEDIA TAX PRO either mid-quarter or mid-year. We appreciate the opportunity to serve you with the highest level of quality and service. At times, however, conditions arise which can have an effect on quarterly and year-end reconciliation issues.

Our experience indicates a potential concern regarding the ability of the client to provide us with all prior payroll data as well as previously paid deposits for both federal and state agencies on a timely basis.

With this knowledge, we cannot accept responsibility for any problems due to lack of any information prior to the payrolls processed by Media Data Services, Inc. We highly recommend that you provide us with this information when beginning service with us, thus insuring a smooth and unencumbered reconciliation.

Otherwise, we will be happy to service current payrolls, but will send the quarterly information and year-end W-2s directly to you, the Client, for balancing by you and/or your accountant.

Media has an untarnished reputation for superior work in the payroll industry. By providing us with all of the information needed, you can be assured of a reliable product.

Please sign and date this form.

I understand and accept the above conditions when I elect to use Media Data Services, PTM or Media Tax Pro services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Bank Account Authorization Agreement**

Media Data Services, Inc ("SERVICE BUREAU") or its designee is authorized by the undersigned client ("Client") to implement and utilize the debit method (and/or corrections to previous debits) originated by check or electronic fund transfer for purposes of collecting from Client's bank or other financial institution ("Financial Institution Account") identified below (the "Account") for its services and charges consisting of the following:

1. Direct deposit obligations under SERVICE BUREAU or its designee's direct deposit service;
2. Payroll tax obligations under SERVICE BUREAU's tax deposit and filing service;
3. Business tax deposit obligations for SERVICE BUREAU's business tax depositing service;
4. Payment of SERVICE BUREAU's fees for its services; and/or
5. Payroll obligations for SERVICE BUREAU's official bank check service.

The Financial Institution is authorized by Client to comply with this authorization and debit the Account in accordance with the debit method originated by check or electronically as if initiated by client. This authorization shall remain in effect until revoked by the undersigned in writing and received by Financial Institution so as to allow a reasonable amount of time for all involved parties to act on it.

Client shall maintain a sufficient balance in said account to be readily available at least (2) banking days prior to Client's payroll check date to cover all current payroll direct deposit transactions and payroll tax obligations and/or charges to cover any NSF or service fees as agreed upon by SERVICE BUREAU and Client. If for any reason Client's bank were to refuse to honor a payroll direct deposit transaction, a \$50.00 NSF fee will be assessed to Client as SERVICE BUREAU's reasonable costs. Additional NSF fees escalate by \$50.00. Under such circumstances, SERVICE BUREAU may immediately terminate this Agreement without written notice. Should SERVICE BUREAU so terminate this Agreement, SERVICE BUREAU shall not be responsible or liable for making the then due or any future payroll direct deposit transactions.

1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Business Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____
2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Business Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____
3. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Business Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____

_____ Signature ( <i>must be authorized to sign on the accounts noted above</i> )	_____ Printed or Typed Name and Title	_____ Date
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Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between Media Data Services, Inc. principal offices at 265 Route 46, Suite 206, Totowa, NJ 07512 (hereinafter referred to as SERVICE BUREAU) and \_\_\_\_\_, Inc. (hereinafter referred to as "CLIENT").

1. Services provided. SERVICE BUREAU shall provide pursuant to the terms of this agreement payroll processing services and CLIENT shall purchase from SERVICE BUREAU such payroll services. These services shall include a provision of payroll checks including signed checks, payroll registers and management reports including Federal, State and Local tax deposits and quarterly and year end tax reporting to the appropriate governmental authorities, and banking services relating to payroll including maintenance of a master payroll account, direct deposits and payment by CLIENT of bank service charges.
2. Charges. The fees and charges to be paid by Client to SERVICE BUREAU for these services shall be in accordance with the schedule attached to this Agreement.
3. Credit. This agreement may be considered an application for credit and authorizes SERVICE BUREAU to investigate the credit of CLIENT including vendor references, bank account status and history and personal credit.
4. Disclaimer. Except as specifically provided herein, there are no warranties expressed or implied, including by not limited to warranties of merchantability, or fitness for a particular purpose.
5. Confidentiality. SERVICE BUREAU agrees to hold in confidence all information relating to CLIENT's assets, liabilities, business or affairs which is received by SERVICE BUREAU in the course of rendering services.
6. Payment. Fees are subject to change on written notice. All invoices will be due in full upon presentation. Overdue accounts will accrue interest at the prime rate as published from time to time in the Wall Street Journal. In the event the account is placed for collection, CLIENT shall pay all reasonable attorney's fees and other costs of collection incurred by SERVICE BUREAU. SERVICE BUREAU reserves the right to withhold any and all work in process or records in its possession in event of a default in payment.
7. Scheduling. Delivery and processing schedules will be determined by the parties from time to time. Courier and/or mail services will be charged by SERVICE BUREAU as incurred.
8. Limitation of liability. SERVICE BUREAU shall use due care in processing CLIENT's work, but shall be responsible only to the extent of correcting errors which are due to SERVICE BUREAU's machines, operators or programmers. All payroll reports prepared by the SERVICE BUREAU, are deemed to be correct unless any error is reported to SERVICE BUREAU within thirty (30) days. Client assumes responsibility for accuracy of data. Monetary damages are limited to the cost of one payroll cycle per year. In any event, SERVICE BUREAU's liability with respect to this Agreement is limited to the total charge for the service provided herein and no special or consequential damages may be recovered. SERVICE BUREAU shall not be held liable for failure to provide the services herein if due to causes or conditions beyond its control. SERVICE BUREAU shall have the right to rely on the data provided by client through whatever medium is in use or may hereafter be put into use. If the data submitted by CLIENT for processing is in anyway incorrect, incomplete, or is not in proper form, the CLIENT agrees to pay SERVICE BUREAU its standard rates in effect for any additional work performed to correct such data for processing.
9. Indemnification. CLIENT agrees to indemnify and to hold SERVICE BUREAU harmless from all loss, damages, and expenses (including reasonable attorney's fees) in connection with any claim which may arise out of or as a result of the Agreement or the performance of its terms by SERVICE BUREAU. SERVICE BUREAU accepts both the responsibility and liability for the timely payment and report of CLIENT's payroll taxes but only based on information provided by CLIENT and only to the extent of available funds. Should SERVICE BUREAU fail to make timely payment of these escrowed funds, SERVICE BUREAU will pay whatever penalties and interest that result from the error. However, SERVICE BUREAU does not assume the liability for improper payment of taxes due to incorrect claims of tax exemptions or deductions by CLIENT or its Employees. The accuracy and integrity of the service is limited by the nature of CLIENT's input and review. Therefore, SERVICE BUREAU can not be held liable for CLIENT errors, wage and hour violations, sex discrimination or other employment policies and/or practices which may violate the law. Numerous checks and balances are in place throughout the system. Ultimately, it is the CLIENT that must check the payroll accuracy and reasonability. SERVICE BUREAU's responsibility will automatically terminate should CLIENT funds be insufficient or otherwise to cover the net payroll, related taxes, and processing fees.
10. Program Ownership. All specifications tapes and programs utilized or developed by SERVICE BUREAU in connection with the Agreement (except those furnished by CLIENT) are and shall remain sole property of SERVICE BUREAU.
11. Status of Parties. SERVICE BUREAU is not an agent of CLIENT except where required for the Internal Revenue Service deposits filings, and correspondence. Should an agency relationship be found to exist it will automatically terminate upon return to SERVICE BUREAU of any check or preauthorized charge of CLIENT for insufficient funds.
12. Applicable law. This Agreement shall be governed by the laws of the State of New Jersey and constitutes the entire agreement between the parties. The parties specifically consent to Passaic County, New Jersey as the venue for any proceeding arising out of or relating, in any way, to this Agreement. The Agreement may be amended only in writing signed by both parties.
13. Termination. The Agreement may be terminated by either party upon thirty days advanced written notice. If CLIENT shall fail to provide 30 days notice as required, CLIENT shall be liable for \$100 termination fee plus \$150 for continuation of services. The indemnification and hold harmless provision in paragraph 9 of this Agreement shall survive any such termination.
14. Assignment. This Agreement may be assigned by SERVICE BUREAU, but may not be assigned by CLIENT without SERVICE BUREAU'S prior written approval.

15. All notices, in connection with this Agreement shall be deemed given on the day they are (i) deposited in the U.S. mails, postage prepaid, certified or registered, return receipt requested; or (ii) sent by overnight courier, charges prepaid; and addressed to the address of the party set forth at the beginning of this Agreement, or to such other address as the party to receive the notice so designates by written notice to the other.
16. Severability. If any provision of this Agreement shall be held by a court of competent jurisdiction to be illegal, invalid or unenforceable, other than the provisions concerning the payment of fees to SERVICE BUREAU, the remaining provisions shall remain in full force and effect.
17. Where applicable, SERVICE BUREAU hereby agrees to collect payroll tax liabilities from the undersigned client ("Client") and to receive and hold the funds in an account separate from SERVICE BUREAU's general account. SERVICE BUREAU will deposit payroll taxes and prepare and file payroll tax returns, as required by the applicable taxing agencies, during the term of this Agreement if client has signed up for those services. Client shall continue to be responsible for maintaining their own records, and this Agreement does not relieve Client of any of its tax reporting or payment liabilities.
18. Client shall immediately provide SERVICE BUREAU with copies of any notices or correspondence received from any taxing authority with respect to any tax return(s) or tax deposit(s) made by SERVICE BUREAU. Client shall immediately provide SERVICE BUREAU with notification of any changes that will affect the impound of funds and/or the depositing of payroll taxes or filing of returns. Client shall provide accurate payroll information to SERVICE BUREAU no later than (3) banking days prior to each payroll check date, unless a payroll check date were to fall on a Saturday, Sunday or a bank holiday, in such case the information must be provided no later than (4) banking days prior to the payroll check date.
19. SERVICE BUREAU may debit the account designated by Client in order to make the necessary payroll tax deposits, payroll direct deposits, payroll checks, and collect any fees due to SERVICE BUREAU. Client shall maintain a sufficient balance in said account to be readily available on or before Client's payroll check date, depending on payroll processing schedule, to cover all current payroll tax liabilities and/or charges to cover any NSF or service fees as agreed upon by SERVICE BUREAU and Client. If for any reason Client's bank were to refuse to honor a payroll tax draft, a \$50.00 NSF fee will be assessed to Client as SERVICE BUREAU's reasonable costs. Additional NSF fees escalate by \$50.00. Under such circumstances, SERVICE BUREAU may immediately terminate this Agreement without written notice. Should SERVICE BUREAU so terminate this Agreement, SERVICE BUREAU shall not be responsible or liable for making the then due or any future payroll tax deposits or filing of tax returns.
20. SERVICE BUREAU hereby agrees to collect, hold and disburse direct deposit payroll transactions in compliance with Automated Clearing House regulations from the undersigned client ("Client") via an account separate from SERVICE BUREAU's general account. Client will be responsible for providing SERVICE BUREAU with accurate payroll information in a timely manner so as to allow SERVICE BUREAU to initiate direct deposit payroll transactions to a designated bank, the Federal Reserve Bank, or any financial institution processor necessary for direct deposit transmissions to occur during the term of this Agreement.

This Agreement is entered into and shall be performed in the County of Passaic, State of New Jersey. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Passaic, State of New Jersey. IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth above.

**SERVICE BUREAU:**

Media Data Services, Inc

By: \_\_\_\_\_ Date: \_\_\_\_\_

**CLIENT:**

Signed by: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Check Signing Authorization

## COMPLETE ONLY IF YOU WANT THIS SERVICE

- I. The undersigned client ("Client") hereby authorizes Media Data Services, Inc ("SERVICE BUREAU") to implement and utilize the facsimile of a computerized signature image to make an impression upon each payroll check prepared for the Client. Although SERVICE BUREAU will take precautionary procedures to help ensure the proper use of Client's computerized signature image, Client must check the validity and accuracy of all checks and reports prepared by SERVICE BUREAU.
- II. Client shall pay SERVICE BUREAU a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU's thirty (30) day written notification.
- III. SERVICE BUREAU shall incur no liability for loss or damage sustained by Client as the result of, but not limited to, inappropriate or incorrect use of the computerized signature image or the checks said image is prepared on unless a SERVICE BUREAU employee causes damage as a direct result of fraudulent or dishonest activity, and said SERVICE BUREAU employee acts without the involvement or support of Client or Client's employees or representatives. Client must also make any claim relating to the fraudulent or dishonest activity by a SERVICE BUREAU employee within (45) days of the date on the check in question. Otherwise, claims made after the (45) days will not be paid. All damages or loses not covered by this Agreement remains Client's liability, and in no event shall SERVICE BUREAU be liable for any incidental, consequential, special or punitive damages, penalties or attorney's fees.
- IV. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow a reasonable amount of time for SERVICE BUREAU to act on such a revocation.
- V. This Agreement is entered into and shall be performed in the County of Passaic, State of New Jersey. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Passaic, State of New Jersey.

\_\_\_\_\_  
Printed or Typed Name and Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Number

**Please sign inside the appropriate box using a pen with thick, sharp black ink:**

<p>Single Signature</p> <div style="border: 1px solid black; width: 90%; height: 100%; margin: 0 auto; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> </div>	<p>Double Signature</p> <div style="border: 1px solid black; width: 90%; height: 100%; margin: 0 auto; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> <hr style="border-top: 1px dashed black; width: 80%; margin: 10px auto;"/> </div>
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**Please repeat signature(s) in the appropriate box below:**

<p>Single Signature</p> <div style="border: 1px solid black; width: 90%; height: 100%; margin: 0 auto; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> </div>	<p>Double Signature</p> <div style="border: 1px solid black; width: 90%; height: 100%; margin: 0 auto; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> <hr style="border-top: 1px dashed black; width: 80%; margin: 10px auto;"/> </div>
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# Reporting Agent Authorization

OMB No. 1545-1058

► Information about Form 8655 and its instructions is at [www.irs.gov/form8655](http://www.irs.gov/form8655).

## Taxpayer

1 a Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)
1 b Trade name, if any		4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.)		5 Other identification number
City or town, state, and ZIP code		
6 Contact person	7 Daytime telephone number	8 Fax number

## Reporting Agent

9 Name (enter company name or name of business)		10 Employer identification number (EIN)
MEDIA DATA SERVICES, INC.		22-2299429
11 Address (number, street, and room or suite no.)		
265 ROUTE 46, SUITE 206		
City or town, state, and ZIP code		
TOTOWA, NJ 07512		
12 Contact person	13 Daytime telephone number	14 Fax number
LAUREN KALINOWSKI	973-785-3100	973-785-2453

## Authorization of Reporting Agent To Sign and File Returns (Caution: See Authorization Agreement)

15 Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

## Authorization of Reporting Agent To Make Deposits and Payments (Caution: See Authorization Agreement)

16 Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

## Disclosure of Information to Reporting Agents

17 a Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on lines 15, 16, and/or line 18

b Check here if the reporting agent also wants to receive copies of notices from the IRS

## Disclosure Authorization

18 a The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.

b The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.

c The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning \_\_\_\_\_.

## State or Local Authorization (Caution: See Authorization Agreement)

19 Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16

## Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

**Sign Here**

Signature of taxpayer	Title	Date
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### Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ▶ Don't sign this form unless all applicable lines have been completed.  
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165  
**For IRS Use Only**  
 Received by: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number   Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address  MEDIA DATA SERVICES, INC. 265 ROUTE 46, SUITE 206 TOTOWA, NJ 07512	CAF No. _____ PTIN _____ Telephone No. <u>973-785-3100</u> Fax No. <u>973-785-2453</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT	941, 940, W2		

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . . ▶

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):  
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶   
**Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.  
 b If you don't want any copies of notices or communications sent to your appointee, check this box . . . . . ▶

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. . . . . ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature _____	Date _____
Print Name _____	Title (if applicable) _____



**APPOINTMENT OF TAXPAYER REPRESENTATIVE**  
**(TYPE OR PRINT)**

**1. Taxpayer Information (if matter involves a joint income return, enter both names if joint representation is requested).**

Trusts: Enter the name and EIN of the trust, name and address of the trustee.

Estates: Enter the name and EIN of the estate, name and address of the executor or administrator.

Taxpayer's Name	Social Security number
Spouse's/CU Partner's Name	Social Security number
Mailing Address	NJ Taxpayer ID number (if other than SS#)
City	Name and Address of Trustee or Executor
State	Zip

**Taxpayer is:**

- Individual (for an income or individual use tax return filed by that individual, or a joint income tax return filed by the individual and his/her spouse/cu partner).
- Corporation                       Partnership                       Sole Proprietorship
- Estate                                       Limited Liability Company                       Trust (other than a business trust)
- Other: \_\_\_\_\_

**2. Representative Information (representative(s) must date and sign on page 2).**

The taxpayer(s) named above hereby appoints the person(s) named below as his/her/their taxpayer representative.

Name and Address Media Data Services, Inc. 245 Route 46, Suite 206, Totowa, NJ 07512	Telephone Number: (973) 785-3100 Fax Number: (973) 785-2453 Representative ID: 22-2299429
Name and Address	Telephone Number: Fax Number: Representative ID:

To represent the taxpayer(s) before the State for the following tax matter(s):

**3. Tax Matters**

- All tax matters
- Specific tax matters listed below:

Type of Tax (NJ Gross Income, Sales and Use, Corporate Business, Employment, etc.)	Year(s) & Period(s)
Employment taxes (Income Tax, Unemployment)	

**4. Acts Authorized.** The representative(s) is/are authorized to receive and inspect confidential tax records and is/are granted full power to act with respect to the tax matters described in section 3 above, and to do and perform all such acts as I could do or perform. The authority does not include the power to endorse a refund check.

\_\_\_\_\_  
Taxpayer Signature                      Date                      Title (if applicable)

\_\_\_\_\_  
Taxpayer Signature                      Date                      Title (if applicable)

Taxpayer Name: \_\_\_\_\_ SS # \_\_\_\_\_

**5. Notices and Communications.** Original notices and other written communications will be sent to you and a copy (other than automated computer notices), to the first representative listed in Section 2 unless you check one or more of the boxes below.

- I do not want any notices or communications sent to my representative(s).
- The second representative listed in section 2 should also receive a copy of notices and/or communications (other than automated computer notices).

**6. Retention/Revocation of Prior Appointment(s) or Power(s).** The filing of this Appointment of Taxpayer Representative automatically revokes all earlier Appointment(s) of Taxpayer Representative and/or Power(s) of Attorney on file with the Division of Taxation for the same tax matters and years or periods covered by this document unless the box below is checked.

- Check here if you do not want to revoke any prior Appointment(s) of Taxpayer Representative or Power(s) of Attorney. Attach copies of previous Appointment or Power that you do not want to revoke.

**7. Signature of Taxpayer(s).** If a tax matter concerns a joint return, both primary and spouse/cu partner must sign below if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer(s).

**THIS APPOINTMENT OF TAXPAYER REPRESENTATIVE IS VOID IF NOT SIGNED AND DATED.**

I/We declare under penalty of law that I/We have examined this document and that all information included is true and correct to the best of my/our knowledge, information and belief.

Taxpayer Signature	Date	Title (if applicable)
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\_\_\_\_\_  
Print Name

Taxpayer Signature	Date	Title (if applicable)
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\_\_\_\_\_  
Print Name

**8. Acceptance of Representation and Sample Signature.**

I/We hereby accept appointment as representative(s) for taxpayer(s) who has/have executed this Appointment of Taxpayer Representative.

Representative Signature	Date	Title (if applicable)
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\_\_\_\_\_  
Print Name

Representative Signature	Date	Title (if applicable)
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\_\_\_\_\_  
Print Name